	_						•			
Form 990-T	E>	ہ cempt Organization and proxy tax)	Bus un	siness Income of der section 6033(Fax Retui e)) \40 (.	n	OMB No 1545-0687			
-	For cale	ndar year 2018 or other tax year begin	19	2018						
Department of the Treasury		► Go to www irs.gov/Form990	L							
Internal Revenue Service	▶ Do	not enter SSN numbers on this form a					Open to Public Inspection for 501(c)(3) Organizations Only			
A Check box if address changed				me changed and see instruction	s)		oyer identification number oyees trust see instructions)			
B Exempt under section	Daint	WIKIMEDIA FOUNDATION, INC.								
X 501(C)(0 3)	Print	Number, street, and room or suite no	í a P O	box, see instructions			049703			
408(e) 220(e	Type	3 MONTCOMEDY CERRET	CIT	TTE 1600			lated business activity code instructions)			
408A530(a)	1 MONTGOMERY STREET								
529(a) C Book value of all assets	-	City or town, state or province, country SAN FRANCISCO, CA 94		- ·		4541	10			
at end of year	F Gro	up exemption number (See instructi				1911				
176,019,709.		eck organization type X 501			trust	401(a)	trust Other trust			
		inization's unrelated trades or busine					(or first) unrelated			
trade or business he	re ▶ON-	-LINE SALES		If only one,	complete Parts I	-V If mor	e than one, describe the			
first in the blank spa	ace at the	e end of the previous sentence, cor	nplete	Parts I and II, complete a S	chedule M for eac	ch additio	nal			
trade or business, th							····			
•		corporation a subsidiary in an affili	-		ontrolled group?		▶ Yes X No			
		identifying number of the parent cor	porati							
		AIME VILLAGOMEZ	,	1	e number ▶ 41					
		or Business Income		(A) Income	(B) Expen	ses	(C) Net			
		155,390 c Balance ▶	1-	155,390.						
b Less returns and allow Cost of goods so		ule A, line 7)	1c 2	66,466.			+			
		2 from line 1c	3	88,924.			88,924.			
		attach Schedule D)	4a	<u> </u>		$-\!\!/$	1			
		Part II, line 17) (attach Form 4797)	4b							
•		trusts	4c							
		r an S corporation (attach statement)	5			SEC	IVED			
6 Rent income (Sch	nedule C)		6			V	MIAED			
7. Unrelated debt-fi	nanced in	come (Schedule E)	7		070	II INI a	2020			
8 Interest, annuities, roy	alties, and re	ents from a controlled organization (Schedule F)	8		8	JOIN Z	9 2020			
		1(c)(7), (9), or (17) organization (Schedule G)	9			-	<u> </u> œ			
	•	ncome (Schedule I)	10			GDE	N, UT			
		dule J)	11							
		ctions, attach schedule)		88,924.		·	88,924			
Part I Deduction	ns Not	Taken Elsewhere (See Jastr	uctio	l	eductions) (F	xcent f	<u> </u>			
		be directly connected with the				-Acopt i	or commoducito,			
		directors, and trustees (Schedule K)				. 14	T			
							60,708.			
17 Bad debts		/				17				
		(see instructions)								
		/								
		ee instructions for limitation rules)				. 20				
		4562)					-			
	/	on Schedule A and elsewhere on re				22b	 			
		compensation plans								
		s					+			
,		Schedule I).				i	-			
		chedule J)					 -			
,		chedule)				28	48,115.			
,		s 14 through 28				PB 29	108,823.			
30 Unrelated busine	ess taxab	le income before net operating	loss	deduction Subtract line	29 from line 1	3 30	-19,899.			
		g loss arising in tax years beginnin				. 31				
32 Unrelated busine	ss taxable	e income Subtract line 31 from line				2 32	-19,899.			
For Paperwork Reduct	tion Act N	lotice, see instructions		0 5 65			Form 990-T (2018)			
371350~150	51 1/2	22/2020 12:52:32 AM	V 1	8-7 6F 2	2341015		PAGE (

Form	990 ₋ T (2018)	Pag	e 2
Par	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses ((see)	
1	instructions)	33 -19,89	9.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (
	instructions),		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s		
••	of lines 33 and 34,	t 1 1	9.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		
38	Unrelated business taxable income Subtract line 37 from line 36 lf line 37 is greater than line		_
30	enter the smaller of zero or line 36		9
Do	t IV Tax Computation	111 38 12702	<u>-</u> -
		▶ 39	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax	1 7 1	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)		
41	Proxy tax. See instructions		
42	Alternative minimum tax (trusts only)		
43	Tax on Noncompliant Facility Income. See instructions		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Par	t V Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
	Other credits (see instructions),		
С	General business credit Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu	lule) . 47	
48	Total tax Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	ft I	
	Payments A 2017 overpayment credited to 2018		_
	2018 estimated tax payments	 	
	Tax deposited with Form 8868	1	
	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
	Other credits, adjustments, and payments Form 2439		
y		1	
E 4	Form 4136 Other Total ▶ 50g Total payments Add lines 50a through 50g	——————————————————————————————————————	
51			_
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed\	▶ 53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want Credited to 2019 estimated tax		
Par			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signatur		lo_
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	<i>1</i> *	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of		
	here UK	X	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust? X	
	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
\ <u></u>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my knowledge and belief,	it is
Sigi	true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	May the IRS discuss this retui	ro
Her		with the preparer shown belo	
_	Signature of officer Date Title		10
	Print/Type preparer's name Preparer's signature Date	Check PTIN	
Paid	SHALINI SAIDHA Shalini Saidha 5/7/2020	self-employed P01959812	
	parer Firm's name ► KPMG LLP	Firm's EIN ▶ 13-5565207	_
Use	Only	Phone no 415-963-5100	
	, and decided F = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =	- HOHO HO	

Form 990-T (2018)	WIREFIE	DIA 1001	NDAT TON	i, inc.			20-	0047703		Page 3
Schedule A - Cost of Go	ods Sold. E	nter method	of inven	tory valuation	▶ FIFO					
1 Inventory at beginning of ye	ear 1	54	,686.	6 Inventory	at end of year	ar	6		84,	740.
2 Purchases		96	,520.	1		d Subtract line				
3 Cost of labor	3			6 from	line 5 Er	iter here and in				
4a Additional section 263A co				Part I, line	2		7		66,4	466.
(attach schedule)	4a			8 Do the	rules of	section 263A (w	ith re	espect to	Yes	No
b Other costs (attach schedul	e) . 4b					or acquired for				_
5 Total. Add lines 1 through			,206.		anization?.	<u> </u>	<u> </u>	<u> </u>		Х
Schedule C - Rent Income	(From Real I	Property a	nd Perso	onal Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
1 Description of property										
<u>(1)</u> ,										
(2)	<u>.</u>									
(3)									_	
(4)		·								
	2 Rent rece	ived or accrui	ed			-				
 (a) From personal property (if the p for personal property is more than more than 50%) 		percenta	age of rent f	d personal property or personal property s based on profit or		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)		 							-	
(3)		 								
(4)										
Total		Total								
(c) Total income Add totals of co	lumns 2(a) and 2	(b) Enter	-			(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6,						Part I, line 6, colum				
Schedule E - Unrelated De	bt-Financed	I ncome (se	e instruct	tions)						
			2 Gross	s income from or	3 (Deductions directly con- debt-finance			le to	
1 Description of debt	t-financed property		1	to debt-financed	(a) Straigh	raight line depreciation		b) Other dedu	ctions	
						tach schedule)		(attach schedule)		
(1)										
(2)										
(3)										
(4)										
4 Amount of average 5 Average adjusted basis acquisition debt on or allocable to debt-financed property			4	Column divided column 5		mn 2 x column 6) (column 6 x		Allocable ded mn 6 x total o 3(a) and 3(of colum	
property (attach schedule)	(attach sch	euule)	ļ ,					-(-, 55 5(- 11	
(1)				%	†					
(2)			-	<u>%</u>				_		
(3)				%	+					
(4)			<u> </u>	<u>%</u>		2 and 22 page 1	Enta	- horo oo		
Totals						e and on page 1, e 7, column (A)		r here and o I, line 7, col		
Total dividends-received deduction										

Form **990-T** (2018)

Schedule F-Interest, Anni	uities, Royalties	, and Re	ents Fro	om Contro	lled Or	ganiza	itions (see	e instruction	ons)	<u> </u>	
				ntrolled Org					· · · ·		
Name of controlled organization	2 Employer identification numb	E1	Net unrelated income loss) (see instructions)		4 Total of specified payments made		ed included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)									-		
(4)											
Nonexempt Controlled Organia	zations										
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific ayments made		ınclı	Part of column uded in the co nization's gros	ntrolling		Deductions directly nected with income in column 10	
(1)											
(2)											
(3)									-		
(4)											
Totals	ocome of a Sec	tion 50	 1(c)(7),	 (9), or (17	<u></u> ▶) Orga	Ente Par	d columns 5 ar here and on t I, line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of			3 Deduction directly contact (attach sch	tions nected		4 Se	t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)											
Totals ▶ Schedule I – Exploited Exe	Enter here and of Part 1, line 9, co	olumn (A)	ther Th	an Adverti	sing In	come	(see instru	ictions)		Enter here and on page 1, Part I, line 9, column (B)	
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connect produc unrel business	ctly ed with tion of ated	4 Net incon from unrelat or business 2 minus col If a gain, cc cols 5 thro	ed trade (column umn 3) ompute	E Cross macoma		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)				 							
(2)											
(3)											
(4)										-	
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	Part I,					I		Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J- Advertising Ir	ICOMA (see instri	ictions)		I			•	-	_	. 1	
			Consol	idated Rac	ic						
Part I Income From Per		eu on a	CONSO	lualeu bas	12						
1 Name of periodical	2 Gross advertising income	3 Di advertisii		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7			7 Excess readership costs (column 6 minus column 5, but not more than column 4)				
(1)								<u> </u>		;	
(2)	-			1						7 1	
(3)	 			1						7	
(4)	 			1						- (
<u> </u>		_		 		-		<u> </u>			
Totals (carry to Part II, line (5))										Form 990-T (2018)	

(4)

Total Enter here and on page 1, Part II, line 14

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

Z tillough / on a	mie-by-mie basi	>)		•		
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)			,			
(3)						
(4)						
Totals from Part I ▶		-	-			
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensation	on of Officers, D	irectors, and Tr	ustees (see insti	uctions)		
1 Name		2	Title	3 Percent of time devoted to business	4 Compensation unrelated	
(1)			_	%	_	
(2)				%		
(3)				%		

Form **990-T** (2018)

ATTACHMENT	1

FORM	990T	-	PART	ΙI	_	LINE	28	-	TOTAL	OTHER	DEDUCTIONS

PROFESSIONAL SERVICES

BANK FEES

MERCHANDISE FULFILLMENT COSTS

OTHER EXPENSES

16,137.

5,612.

23,962.

2,404.

PART II - LINE 28 - OTHER DEDUCTIONS .

48,115.

ATTACHMENT 2

FORM 990-T, PAGE 1, PART II, NOL

YEAR ENDING	AMOUNT GENERATED	AMOUNT UTILIZED	YEAR UTILIZED	CARRYOVER
6/30/2012	28,171			28,171
6/30/2013	28,837			57 <u>,</u> 008
6/30/2014	50,236			107,244
6/30/2015	56,028	•		163,272
6/30/2016	4,635			167,907
6/30/2017	42,148			210,055
6/30/2018	2,318			212,372
** 6/30/2019	19,899	,		232,271
NET OPERATING	LOSS CARRYOVER TO 6	/30/2020		232,271

^{**} NOL is subject to the 80% limitation